

PHYSICIAN ORDERS

Diagnosis \_\_\_\_\_

Weight \_\_\_\_\_ Allergies \_\_\_\_\_

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

**ORDER ORDER DETAILS**

**Patient Care**

Access Implanted Port

POC Flu Sofia

**Communication**

**Notify Nurse (DO NOT USE FOR MEDS)**

T;N, For urine, clean catch sample only, do not obtain a catheter sample.

**IV Solutions**

**NS (NS bolus)**

20 mL/kg, IVPB, iv soln, ONE TIME, Infuse over 30 min

**Medications**

**Medication sentences are per dose. You will need to calculate a total daily dose if needed.**

Step 1: If well appearing or for sickle cell patients without cancer or concern for neutropenia, CHOOSE ceftriaxone. If concerned for sepsis, ill appearing, or sickle cell patients WITH cancer or neutropenia concern, choose cefepime or piperacillin-tazobactam.

**cefTRIAxone (cefTRIAxone pediatric)**

75 mg/kg, IVsyr, syringe, ONE TIME, Infuse over 30 min, EC or ONE TIME dose  
Give over 30 min.  
Maximum 2 grams/dose

**cefepime (cefepime pediatric)**

50 mg/kg, IVsyr, syringe, ONE TIME, Infuse over 30 min, EC or ONE TIME dose  
Infuse over 30 min.  
Maximum 2 grams/dose

**piperacillin-tazobactam (piperacillin-tazobactam pediatric)**

75 mg/kg, IVPB syr, syringe, ONE TIME, Infuse over 4 hr, EC or ONE TIME dose  
Maximum 2 grams piperacillin/dose

If patient is allergic to penicillins or cephalosporins, choose aztreonam:

**aztreonam (aztreonam pediatric)**

30 mg/kg, IVPB syr, syringe, ONE TIME, Infuse over 30 min, EC or ONE TIME dose

Step 2: If concerned for sepsis, ill appearing, or MRSA coverage needed, add vancomycin

**vancomycin (vancomycin pediatric)**

15 mg/kg, IVsyr, syringe, ONE TIME, Infuse over 90 min, EC or ONE TIME dose  
Give over 90 min.  
Maximum 2 grams/dose

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TO  Read Back

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Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



<b>UMC Health System</b>  <b>EC PEDIATRIC IMMUNOSUPPRESSED PLAN</b>	<b>Patient Label Here</b>
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**PHYSICIAN ORDERS**

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ORDER	ORDER DETAILS
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<b>Laboratory</b>
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	<b>CBC with Differential</b> <input type="checkbox"/> STAT
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	<b>Comprehensive Metabolic Panel (CMP)</b> <input type="checkbox"/> STAT
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	<b>Culture Blood (Blood Culture)</b> <input type="checkbox"/> Blood, STAT, T;N
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	<b>Urinalysis (Urine Analysis)</b> <input type="checkbox"/> Urine, STAT
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	<b>Culture Urine (Urine Culture)</b> <input type="checkbox"/> Clean Catch Urine
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<b>Diagnostic Tests</b>
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	<b>DX Chest PA &amp; Lateral</b>
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